

Complex Needs Case Supervision System Referral Manual

The Prison Reform Trust (PRT) is an independent UK charity working to create a just, humane and effective prison system. We do this by inquiring into the workings of the system; informing prisoners, staff and the wider public; and by influencing Parliament, government and officials towards reform. Alongside our media, research and policy work, we have an advice and information service that deals with over 6,000 queries from prisoners a year. We also have a programme to reduce the imprisonment of women in the UK.

General comments

We welcome the opportunity to comment on the referral PSI. We are pleased that this group of particularly vulnerable women are receiving attention. We are very supportive of the approach that focuses on needs rather than on managing disruption. However, we have significant concerns about the lack of resources available to underpin the new systems. The Corston Report demonstrated the need for a radical new approach to support women with particular vulnerabilities in the criminal justice system and also stated that investment in more rigorous training and ongoing support and supervision for all those charged with meeting the complex needs of women was essential. Ring-fenced allocation of resources for interventions and support services is necessary if this strategy is going to produce the desired results. We are aware of the commitment from staff in prisons and at NOMS but believe that there is not enough dedicated time to enable the system to work and to develop expertise through training and joint working.

We do not underestimate the difficulties of caring for some of the women in our prisons and the professionalism and dedication of many staff. We know that the behaviour of some women in custody puts themselves, other prisons and staff at risk. We wish to reiterate that prison is not always the right place for managing this behaviour, which stems from deep-rooted, long-term complex life experiences such as violent and/or sexual abuse, lack of care and/or post-traumatic stress disorder or severe and enduring mental illness. We would therefore like to see specified in-pat from health service professionals at each stage of this referral process, and referrals to community and health units to be a central element of this case management system.

Involvement and engagement

We are concerned that women themselves are not always at the heart of this process. There are lessons to be learned from DSPD and managing challenging behaviour strategies where people do not always engage with a programme they are placed on and resources can be wasted.

We would like NOMS to consider whether a substantial part of the referral process could be an application from the women herself, (with appropriate support if needed) alongside the referral from the prison staff. This could include information about why she would like to be considered for the CNCS and what she hopes she might be able to achieve if she is accepted. We would also suggest that all information about the CNCS be provided in easy read.

We are concerned that if the views of women involved in CNCS are not central enough from the beginning of the referral process, the long term commitment needed to engage with the process is less likely to be forthcoming. We hope that there may be an option for family members and other external support to be involved where appropriate. We would like the possibility of some form of independent advocacy support for women with complex needs to be explored.

Queries for staff

We are not sure that prison staff are aware enough of the CNCS and whether there is clear enough understanding of the benefits of referring someone. We are also concerned that there is the potential for a new system to add another layer of bureaucracy to the processes around women who have complex needs.

We would like further clarification of how this process works alongside offender management and who is ultimately responsible for making decisions about a woman's location, support and interventions, particularly if there are situations where individuals involved favour different approaches.

Equality concerns

We would like the review of restricted status women to include an assessment of whether this categorisation is necessary and proportionate.

There are a number of different programmes for men who are demonstrating challenging behaviour but, as women in this group are such a small proportion of the prison population, it is harder to develop appropriate services for them. We are concerned that as resources are moved into personality disorder services, more women may be labelled or diagnosed with personality disorder to access some form of support. There is a high prevalence of trauma among women in prison. We believe that lack of trauma-informed practices in prisons have a negative impact on

women, their mental health and reoffending outcomes. We are concerned about the lack of services for women who have experienced domestic violence and childhood abuse. We would like to see counselling services and support services around trauma and abuse developed so that there is routine access to this without long referral or assessment processes.

Referral criteria

We note the wide range of possible criteria that can lead to a referral. We believe additional guidance may be necessary to ensure consistency of referrals across the womens estate.

We are extremely concerned that vulnerable women continue to be located for six months or more on segregation or in health care. We believe there is a continued overuse of segregation and health care for women who are challenging. We feel this is damaging and reinforces isolation and the lack of opportunity to make progress in the sentence. We would like the CNCS system to include a proactive commitment to women who are self harming or have severe mental health problems so that segregation is only ever used as a last resort and for the very shortest time possible, in line with PSO 1700.